## STATEMENT OF INTENT

basis. An administ	You must complete the inferator of the religious institution ctors of the sponsoring religion	on such as a pastor, p	oriest, rabbi, or an officer
The	(Name of Sponsor)		intends to operate the
	(Name of Center)		during 20/20
for (Capacity)	children in the age range of _	through	
Section 63.2-1716	n receipt of, have read, and into of the Code. If my center is a requirements of Section 63.2	lready in operation, I	-
(Authorized	Signature)	(Title)	(Date)
Contact Person:		Phone Number:	
	Address of Sponsoring	Religious Institution	
	Address of Child Day	Center (if different)	
Tax ID Number:	Email A	ddress:	

\*NOTE: If your enrollment capacity or age range changes in a manner which requires a revised public notice, please update the information and submit a revised form.